

GENERAL RELIEF OPPORTUNITIES FOR WORK TWO-WAY REFERRAL GRAM

GROW SITE
ADDRESS
DATE
CASE NAME
CASE NUMBER
CASE MANAGER FILE NUMBER

Dear Provider:

The above participant plans to enroll in your education/training program. His/her employment goal is listed below. Please sign and date the bottom of the form to indicate he is/has enrolled for a maximum of 20 hours per week in a program leading to employment in that field.

The above client is being assigned to you for work experience. His employment goal is listed below. Please sign and date the bottom of the form to indicate the client showed and was assigned to your work experience program. If he is unsuitable for assignment, please indicate the reason below.

This activity is expected to last a minimum of 60 days. The participant may provide a Progress Report for you to indicate his continued participation in your program.

PARTICIPANT INFORMATION

Your assignment is:

DATE	TIME	LOCATION
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Your employment goal is: _____.

Transportation will be provided while you participate in this activity.

Return this form (in person or by mail) no later than _____. Ensure the provider signs the form before you return it.

This program is for your benefit. However, if you do not keep this appointment or do not return the signed form, your GR benefits may be terminated and you may receive a penalty. The first time you fail to comply, your GR will be terminated and you can reapply immediately. The second time you will be ineligible for 30 days. The third and any subsequent time you will be ineligible for 60 days.

Call your Case Manager if you have any problems with this assignment.

WORK EXPERIENCE PROVIDER

Rejected for Work Experience - Reason _____

PROVIDER SIGNATURE/TITLE	TITLE/PHONE NUMBER	DATE
CASE MANAGER	PHONE NUMBER	DATE